

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO.
09779912
FILING DATE
2-9-01

APPLICANT(S)

9126/50

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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80 80
89 89